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ABSTRACT

This paper begins by reviewing literature relevant to the history of children of battered women and difficulties in defining domestic violence. Major attempts to explain the behavioral profile of children of battered women include issues related to family characteristics and patterns; effects of family violence on children; links between marital violence and child abuse; and critiques of assessment and treatment research studies. The major domains frequently studied in children's behavior problems related to exposure to multiple forms of family violence are identified and discussed. Particular attention is paid to the effects of wife battering and a violent home environment on the development of children, and the role these play in understanding the developmental delays and behavioral dysfunction of children who witness and experience violence. Research on the approaches to the assessment and treatment of children of battered women is reviewed. Directions for future research are also discussed. (Contains 150 references.) (Author/MKA)

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CHILDREN OF BATTERED WOMEN: FAMILY DYNAMICS AND THEIR EFFECT ON BEHAVIORAL PROFILES

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A Doctoral Research Paper

Presented to

the Faculty of the Rosemead School of Psychology

Biola University

In Partial Fulfillment

of the Requirements for the Degree

Doctor of Psychology

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by

Nam Hee Thomson

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ABSTRACT

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DYNAMICS AND THEIR EFFECT
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This paper begins by reviewing literature relevant to the history of children of battered women and difficulties in the definition of domestic violence. Major attempts to explain the behavioral profile of children of battered women in the literature include issues related to family characteristics and patterns, effects of family violence on children, links between marital violence and child abuse, and critiques of assessment and treatment research studies. The major domains frequently studied in children's problem behaviors related to exposure to multiple forms of family violence are identified and discussed.

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CHILDREN OF BATTERED WOMEN: FAMILY DYNAMICS AND THEIR EFFECT ON BEHAVIORAL PROFILES

Introduction

During the past two decades, there has been considerable research conducted regarding spousal violence. One result of these efforts has been increased attention to the impact of spousal violence on children's behavioral and emotional functioning. Despite the relatively high frequency of spousal violence and the strong likelihood that children will observe it, research regarding the psychological effects on children of witnessing spousal violence accounts for only a small, but growing, portion of the total. The majority of studies that have identified an overlap between child maltreatment and adult domestic violence have found that both forms of abuse occur in 30% to 60% of the families studied (Edleson, 1998).

Clinical case reports and empirical studies indicate that children who witness violence between their parents demonstrate a high frequency of externalizing behavior problems such as aggression, noncompliance, and delinquency (Hershorn & Rosenbaum, 1985; Jaffe, Wolfe, Wilson, & Zak, 1986; Wolfe, Jaffe, Wilson, & Zak, 1985) as well as internalizing behavior problems such as withdrawal, anxiety, and somatic complaints

(Alessi & Hearn, 1984; Carlson, 1984; Christopoulos et al., 1987; Hughes, 1988; Levine, 1975).

To comprehend fully the psychological effects on children of growing up in a violent home, it is important to examine the family dynamics involved in wife battering. Estimates of marital violence in the U.S. (including such acts as hitting, beating, and threatening with or use of a gun or knife) suggest that approximately 1.8 million wives are physically abused each year by their husbands (Rosenberg, 1987). When less stringent definitions of violence are employed (such as pushing, slapping, grabbing, or throwing an object), the estimates increase to approximately 6 million women victimized annually by their spouses (Rosenberg, 1987). Although precise statistics on the number of children who are likely to witness such violence are unavailable, it is estimated that 3.3 million children, at the minimum, annually witness spousal abuse.

Studies in Britain, Oregon, and Massachusetts have revealed that large numbers of families in which child fatalities have occurred were known to have histories of abuse by male partners toward the mothers (Felix & McCarthy, 1994; Oregon Children's Services Division, 1993; Scott, 1974). Felix and McCarthy (1994) noted that in 20 (69%) of 29 child fatality cases where domestic violence was recorded, there was no further explanation or intervention by child protection services. Pecora, Whittaker, Maluccio, Barth, and Plotnick (1992) have reviewed several sets of data and concluded that most families involved in child fatalities were two-person caretaker situations where a majority of the perpetrators were the father of the child or the boyfriend of the mother.

The purpose of this paper is to review the relevant literature on children of battered women with a primary focus on children's emotional and behavioral problems. This paper will also address how family dynamics contribute to the development of maladaptive behaviors in children and what intervention strategies will be effective in helping these children. Although there are conflicting findings over the nature of behavioral problems experienced by children of battered women, the position maintained here is that a significant number of children of battered women experience internalizing and/or externalizing behavioral difficulties. Implications for treatment and recommendations for future study will be noted. This paper will also offer suggestions for intervention review and will critique the research investigations that have examined the effectiveness of treatment interventions for children of battered women. The treatment studies are reviewed with regard to methodological issues of research design, description of subjects, and the type of dependent variable used. Finally, outcome findings are reviewed with regard to different treatment approaches and other characteristics and factors of treatment interventions.

Definition of Abuse and Violence

No consensus has been reached regarding the appropriate definitions of violence and abuse. Although these terms are often used interchangeably, it is important to note that violent behavior and abusive behavior often exhibit distinct characteristics (Kashani, Daniel, Dandoy, & Holcomb, 1992). Harrington (1972) defined violence as an "endpoint in a continuum of aggressive behavior" which consists of hostile beating, slapping,

hitting, and other physically aggressive behavior (p. 228). Battery is a term that covers a range of violent actions. Kashani et al. (1992) defined battery as a deliberate assault with intent to cause pain or injury. It included punching, kicking, choking, and hitting with sharp or blunt objects. Although there can be considerable overlap, abuse needs to be distinguished from violence.

Abuse has been defined as "mistreatment, injury, insulting or coarse language; to hurt by treating badly" (Kashani et al., 1992, p. 181). Abusive behavior may be psychological or attitudinal and hence may also be nonviolent in nature (Kashani et al., 1992). By definition, spouse abuse, more commonly of a woman, is a behavior pattern that occurs in physical, emotional, psychological, and sexual forms. Its purpose is to control and maintain power by the abuser, usually a man.

Subjecting a child to his or her mother's repeated victimization has also been suggested as a form of psychological abuse. Psychologists have proposed several forms of parental behavior thought to constitute psychological abuse, including terrorizing, rejecting, ignoring, corrupting, degrading, and denying emotional expressiveness. Because there is limited empirical knowledge about children of battered women, additional research is needed to operationalize these abusing behaviors in the context of wife battering, identify emotional damage to the child, and clarify the relationship between parental behaviors and child outcomes (Rosenberg, 1987).

Because language is embedded in culture, terms such as violence and abuse must be understood in a wider context. From this perspective, Emery (1989) has suggested that an "abusive" or "violent" act comprises not an objective decision but rather a social

judgment. For example, spanking and pushing have been regarded as forms of parent-child violence and spouse abuse, respectively. In actuality, acts such as spanking may not be severe; thus, unclear definitions of violence and abuse can lead to erroneous conclusions.

Dramatic increases in reports of family violence in recent years may illustrate the social aspects of definition with regard to epidemiology: To what extent does the increasing number of reports of child abuse reflect not an actual increase in abuse but greater awareness of abuse and a lower threshold in the popular perception of what is abusive? In 1976, 669,000 cases of child abuse were reported to social service agencies, but that number grew steadily to 3,111,000 reports in 1995 (Besharov & Laumann-Billings, 1996). Although it likely that there has been some real increase in child abuse in recent years (Emery & Laumann-Billings, 1998), much of the increased reporting clearly was due to increased recognition of child abuse and not to actual increases in family violence.

The underlying problem is that our conceptualization of violence or abuse is inherently driven by social judgment and not by empirical science (Emery, 1989). Moreover, definitions have important and varied implications for different purposes. For instance, researchers attempting to assess the extent and nature of violent activity within American families have different aims in defining violence or abuse than do child protective workers who must decide when coercive intervention is justified (Besharov, 1988).

These observations stress the need for, and difficulty in, achieving clear, precise, and consensual operational definitions of violence for research purposes. Cicchetti and Batnett (1991) suggested that consensual definitions may produce benefits similar to those stemming from the American Psychiatric Association's (APA) Diagnostic and Statistical Manual of Mental Disorders (4th ed.; DSM-IV; APA, 1994). In fact, a task force of the National Research Council (NRC; 1993) recently recommended establishing consensual definitions across the four areas of child maltreatment (physical abuse, sexual abuse, physical neglect, and emotional maltreatment).

In summary, a critical issue in the field of child abuse treatment and research is the need to develop adequate definitions of family violence and abuse; for it is based on such definitions that families are identified as needing some form of intervention in the first place. Likewise, definitions of child abuse should provide the necessary criteria for identifying parents or families which are included in research investigations of abuse. For this paper's purposes, the terms abuse and violence are used interchangeably because the author will be referring to physical and violent acts.

Review of Early Research

Although scientific interest in problems of domestic violence is now several decades old, much of the research effort has been focused on the battered female and the battering male. Until recently the domestic violence research community has given relatively little attention to the issue of child witnesses of domestic violence (Jaffe, Wolfe, & Wilson, 1990).

Sources of information and pertinent areas of impact have been important considerations for those studying the effect of domestic violence on families. Carlson (1984) described four sources of research information about children in violent families: (a) accounts of battered mothers, (b) the literature linking stress with personality problems, (c) retrospective accounts of adults who grew up in violent families, and (d) studies of children currently living in violent circumstances. Fantuzzo and Lindquist (1989) analyzed the research methodology used to study the effects of conjugal violence on observing children in the violent family and listed four domains frequently studied in child witnesses of family violence. These domains are as follows: (a) conduct problems, (b) emotional problems, (c) intellectual/academic problems, and (d) physical and developmental problems. Fantuzzo and Linquist are critical of studies that rely on only one source of information (usually the battered mother) and cite the danger of the mother's bias. They claim there are too few studies of academic performance and social and intellectual competencies of child witnesses to family violence.

Some studies have been unable to detect the impact of domestic violence on parenting behaviors. For example, Hershorn and Rosenbaum (1985) have addressed the relationship between battered women and parenting. However, they were unsuccessful in finding differences between a small sample of battered mothers and a comparison sample, based on a short questionnaire assessing positive and negative child-rearing behavior.

Other studies have been more successful in detecting the impact that witnessing domestic abuse has on children. Holden and Ritchie (1991) reported that six studies have used the Child Behavior Checklist (Achenback & Edelbrock, 1981) to compare the

children of battered women with a matched control group (Christopoulos et al., 1987; Jaffe, Wolfe, & Wilson, 1986; Wolfe et al., 1985; Wolfe, Jaffe, Wilson, & Zak, 1985). Only one of these studies found no group differences (Wolfe, Zak, Wilson, & Jaffe, 1986).

Some research has looked at the effect of removing children from the situation in which domestic violence occurred. Emery, Kraft, Joyce, and Shaw (1984) conducted a longitudinal study of children in shelters and reported on their adjustment while living at the shelter and after leaving the shelter. A study by Wolfe, Zak, Wilson, & Jaffe (1986) also reported on positive changes in children in a shelter after psychological intervention.

A question that has arisen in the study of the impact that witnessing domestic violence has on children is this: How long do problem behaviors last in children who are affected? Only preschoolers were found to be significantly below norms in two studies (Barad, Hughes, & Hampton, 1984; Hughes & Barad, 1983), but other researchers have found problems among school-aged children (Hershorn & Rosenbaum, 1985; Rosenberg, 1984; Wolfe et al., 1985).

Finally, some researchers have found problems primarily for measures of undercontrol (Hershorn & Rosenbaum, 1985; Wolfe et al., 1985), whereas others note differences in the area of overcontrol (Barad et al., 1984; Rosenberg, 1984).

Review of Family Dynamics

Researchers have determined that certain systemic dynamics can generally be observed in families in which domestic violence occurs. Powerful factors of shame and isolation lead to cyclical and intergenerational patterns of abusive behavior.

Dynamics of Domestic Violence

Over the years there have been numerous studies investigating characteristics of the families in which there is extensive abuse of women and children. Clinical observations of parent-child relationships in battering couples suggest that some parents may rely inappropriately on their children for parental needs, other parents may be unavailable emotionally to care for their children, and still others may use their children as scapegoats for marital problems. For example, fathers and sons in violent families tended to perceive their relationships as more conflictual than did fathers and sons from nonviolent families (Rosenberg, 1987).

Another significant finding in the research literature is that women or children who are physically or sexually abused show certain characteristics. For example, (a) they feel insecure and deprived; (b) they are searching for love that they never find; (c) they are hurt in special trust situations (teachers, spouse, lover, caretaker, etc.); and (d) the abuse follows a pattern from which they are unable to get away and not only on the basis of a realistic external limitation (Breiner, 1992). These characteristics make them more vulnerable to remaining trapped in the cycle of domestic violence.

The "cycle theory of violence" identifies three phases of the battering cycle that vary in time and intensity for each couple and across couples: the tension-building phase, the

explosion battering incident, and the calm, loving respite. Violence is not continually present in a battering relationship. It seems to escalate in frequency and intensity over time, often over a period of years. Therefore, a woman "finds" herself in a harmful position, rather than "chooses" it (McKay, 1994). Children also observe this cyclical nature of their parents' relationship (Rosenberg, 1987).

In addition to witnessing battering and its accompanying psychological dynamics, children themselves may become victims of physical and/or sexual abuse. Children of battered women may become the direct target of either parent's displaced anger, or may inadvertently get in the way of thrown objects. The risk of physical injury increases substantially when children try to protect the victimized parent (Rosenberg, 1987).

Given the powerful cyclical pull of domestic violence, what factors might lead to the disruption of this destructive pattern of behavior? One of the most frequent reasons given by women for leaving a battering partner is that he threatened to abuse the children or had already injured them physically (Rosenberg, 1987). Another significant change in family dynamics that influences women to leave abusive situations is placing responsibility for the abuse on the perpetrator. Battered women who attribute the violence to the situation or to themselves, rather than to their partner, may be more likely to stay with the abuser (Frieze, 1979) and may make minimizing attributions (Overholser & Moll, 1990). A study by Hilton (1992) reported that sometimes children prolonged the woman's stay in the relationship, a tendency that was manipulated by the fathers, in some cases. On the other hand, although many variables influenced the women's decisions to leave, the

physical danger to children was identified by most women as the ultimate reason for leaving, with life-threatening attacks being another important reason (Hilton, 1992).

Ferraro and Johnson (1983) have identified six factors that influence women toward a decision to leave battering spouses: (a) an increase in resources, (b) a reduction in the abuser's remorse and contrition, (c) the woman giving up hope for improvement, (d) an increase in violence severity, (e) observation of the violence by others, and (f) others redefining the relationship as abusive and condemning the man. A child's becoming a victim or a witness could constitute factors (d) and (e), respectively. Thus it was predicted that an incident of severe wife assault and/or child victimization or exposure to the violence would strongly influence a woman to leave a violent partner (Hilton, 1992).

Shame and Isolation

An implicit rule in families that experience violence is "keeping the secret." Fear of punishment from the abuser, uncertainty about legal actions by the community, or loss of status in the community, are motivations behind the enforcement of this rule. Yet children often are not able to interpret these reasons. In most cases, they know only that the secret must be kept. They experience tension-filled secrets related to an event that, if discovered, will bring punishment or shame.

When children are forced to keep secrets, they may avoid having friends over to the house or even avoid all friendships out of fear of being discovered to be a bad person. In some cases siblings do not even discuss with each other the violence they witness. A child may end up with no outlets for these feelings, or without the ability to challenge his or her self-depreciating belief system (Grusznski, Brink, & Edleson, 1988). To keep the

secret, a child is forced to create stories to cover the facts. When the violence is occurring, a child may also try to drown out the noise of the fight with a television or radio (Grusznski et al., 1988).

Controlling behavior, including aggression, is another method some children use to try to feel safe. Addictive behaviors, such as chemical dependency, are other ways to lessen the pain. Whatever method children may use, it often acts to their detriment and further entrenches their feelings of shame and increases their isolation (Grusznski et al., 1988).

Grusznski et al. (1988) believe that, given a strong message that the violence at home is their fault, children may regularly alter their behavior in an effort to end the violence. When this fails, they may decide to intervene in the parental violence to protect the victim. Children may take on a parenting role with the mother or attempt to gain some sense of control by identifying with the powerful father. Once again, failure can lead to overwhelming experiences of inadequacy, shame, and isolation.

Intergenerational Patterns of Violence

A vast majority of men who batter their wives indicate that a vast majority have witnessed similar behavior on the part of their fathers in their families of origin (Wolfe, 1985). Straus, Gelles, and Steinmetz (1980) found that men who report having witnessed parental violence in their own families are three times as likely as others to admit to wife assault (Caesar, 1988; Cappell & Heiner, 1990; Hotaling & Sugarman, 1936; Kalmuss, 1984). Wives are less likely to seek refuge from their husbands' beating if they had witnessed their mothers as victims of abuse (Wolfe, 1985). The concept of

"intergenerational transmission" of wife assault is gaining widespread recognition and it has been incorporated into some of the best developed theories of wife assault to date (Dutton, 1988). Although these retrospective accounts of childhood experiences must be interpreted cautiously, they are suggestive of an intergenerational pattern of violence.

Evidence indicates that children who are victims of violence are at an increased risk for becoming violent themselves as adults (Widom, 1989). According to social learning theory, children learn by imitating the behavior to which they have been subjected and/or for which they have been reinforced, and/or they are reproducing behavior patterns that they have been rewarded in others (Bandura, 1977). Children who repeatedly observe their parents' use of violence to solve problems are likely to incorporate this behavior into their own behavioral repertoire. Theoretically, exposure to multiple types of family violence may produce a cumulative effect on children's behavior and increase the likelihood of imitating the aggressive or violent behaviors of their parents. Therefore, it seems likely that children who have been both witnesses to marital violence and targets of abuse would evidence more behavior problems (O'Keefe, 1995).

Not all researchers agree that the intergenerational pattern of violence is inevitable or even to be expected, however. Several studies noted that only a minority of abused children go on to become violent in their own families (Kaufman & Zigler, 1987; Malinosky-Rummell & Hansen, 1993; Widom, 1989). In a recent review of empirical studies investigating the intergenerational transmission of violence, Widom (1989) found surprisingly little evidence to support the claim that abuse breeds abuse. Kaufman and Zigler (1987) also concluded that acceptance of the intergenerational transmission

hypothesis is unwarranted at present. According to Kashani et al. (1992), many of the studies are weak methodologically and overdependent on self-report and retrospective data, whereas others fail to use baseline data from control groups, employ insufficient sample sizes, and lack appropriate comparison groups.

Effects of Witnessing Family Violence on Children

Family violence can cause a wide range of adverse consequences for victims including serious physical injury, immediate and delayed psychological distress or disorder, and a variety of practical upheavals such as placement in foster care or the need to flee the home (Emery & Laumann-Billings, 1998). For example, 254,000 children were placed in foster care in 1994, the majority as a result of abuse or neglect (Tatara, 1994).

Exposure to Multiple Forms of Family Violence

Being the victim, as well as the witness, of physical abuse may have different consequences than simply witnessing marital violence (Kashani, Daniel, Dandoy, & Holcomb, 1992). Hughes (1988) found that, in comparison to children who only witnessed marital violence, children who were both witnesses and victims had significantly elevated scores on both internalizing and externalizing behavior problems. O'Keefe (1995) also found that the differences on externalizing behavior problems scores between children who witnessed marital violence and those who were both witnesses and victims were statistically significant.

Another important factor differentiating child abuse in maritally violent homes in O'Keefe's (1995) study was child aggression. Children from maritally violent homes who

also were abused were found to exhibit higher levels of aggressive behaviors, compared to children who only witnessed violence. Hence, abused children who have witnessed parental violence may be less well adjusted than child witnesses who have not been physically abused.

Developmental Delays and Behavioral Dysfunction

Many research studies present evidence that witnessing domestic violence can seriously impact a child's emotional and social development, reducing competencies and increasing problem behaviors and adjustment difficulties. There are many references in the family violence literature to the poor competencies found in child witnesses to violence (Davis & Carlson, 1987; DeLange, 1986; Hughes & Hampton, 1984; Rosenberg, 1984). In particular, failure of these children in school was noted by Jaffe et al. (1990), Hughes (1986) and Wolfe, Jaffe, Wilson, and Zak (1985). Another delayed developmental area was noted by Gleason (1995) and Westra and Martin (1981): being a child witness to family violence affects the child's development of skills necessary for successful living. Such skills include children's understanding the world they live in and their ability to process thoughts into effective communications with others. These delayed skills also negatively influence the child witnesses' interactions with others and the development of their sensitivity to the needs of other people.

Wolfe et al. (1986) measured child adjustment in terms of social competence as well as behavior problems through the use of standardized assessment instrument, the Achenback Child Behavior Checklist. Children recently exposed to family violence were reported as having fewer interests, fewer social activities, and lower school performance,

but were not reported as showing significantly more behavior problems overall, in comparison to children from nonviolent families. Wolfe et al. (1986) stated that children from violent families may not reveal characteristic symptoms or patterns of behavior but rather may display adjustment problems that exceed those in children from nonviolent homes.

Jaffe et al. (1990) reported the typical behavior patterns found in children living in violent families: withdrawal, dependence, sleep distress, limited frustration tolerance, poor impulse control, anger, depression, poor academic adjustment, and delinquent behavior. Jaffe and his group also noted the absence of "pro-social" behavior in violent homes, reporting that battered mothers often fail to discipline their children. McLeod (1987) reported that 70% of battered women coming to shelters brought their children with them and noted that staff members at the shelters have frequently observed maladaptive behavior in these children. Emery and O'Leary (1982) and Hughes (1986, 1988) described acting-out behavior or severe withdrawal in shelter children whom they studied.

Ulbrich and Huber (1981) used a telephone survey of a large number of respondents to inquire about consequences of family violence on the child, and Gelles and Straus (1988) reported on over 3,000 parental interviews on this topic. Both studies found evidence of frequent misbehavior in children from violent families, both at home and at school, and of serious problems with peer relationships.

Wolfe (1985) reported that children who are exposed to violence between their parents are more likely to show short- or long-term adjustment difficulties. A 40-year

follow-up study (McCord, 1983) revealed that 45% of abused and neglected children had serious adjustment problems during adulthood, such as major crimes, alcoholism, mental illness, and early death.

Gender Differences

In the vast majority of instances of domestic violence, the adult male is the perpetrator, and the adult female is the victim (Hilton, 1992). In this respect, gender differences are strikingly clear. Related research questions regarding child witnesses and child victims of domestic violence, therefore, are as follows: Are boys and girls affected similarly or differentially? Are responses to domestic violence the same for girls as for boys? Are either boys or girls more likely to become targets of family violence?

The research on whether girls or boys suffer more in spouse abusive families has yielded mixed results, with boys showing more adjustment problems than girls in some studies (Jaffe, Hurley, & Wolfe, 1990; Jouriles, Murphy, & O'Leary, 1989) and girls showing more internalizing and externalizing problems than boys in other studies (Christopoulos et al., 1987; Holden & Richie, 1991). Some researchers have reported that externalizing behaviors characterize boys of violent families and internalizing behaviors characterize girls (Jaffe, Wolfe, Wilson, & Zak, 1986); others report more problems for boys overall (Stagg, Wills, Howell, 1989).

A large number of observers of child witnesses to family violence have described different behaviors in boys and girls from violent families, most often describing boys as aggressive and girls as passive (Fantuzzo & Lindquist, 1989; Hershorn & Rosenbaum, 1985; McKay, 1987; Sopp-Gilson, 1980). For example, Jaffe et al. (1990) reported that

boys from violent families learn that violence is acceptable behavior in relationships and that girls learn about victimization and distrust of men. Jouriles, Barling, and O'Leary (1987) and Hughes (1986), however, found no gender differences in children from violent families, and Hughes concluded that the literature seems split on this issue. O'Keefe (1994) provided empirical support that both boys and girls displayed elevated scores on both externalizing and internalizing behavior problems.

Jouriles and LeCompte (1991) proposed the hypothesis that child gender is one potentially important parameter that may affect patterns of aggression toward children within maritally violent families. Result of their study showed that husbands' violence correlated positively with both fathers' and mothers' aggression toward sons but not toward daughters. These findings support those studies that reported a relation between family violence and heightened adjustment problems for boys (Jouriles & LeCompte, 1991; Jaffe et al., 1990). Boys in violent families showed more internalizing scale symptoms than did girls, and more than both boys and girls in nonviolent families.

Although results are mixed, there does seem to be substantial support for the hypotheses that not only are boys and girls who live with domestic violence treated differentially, they also respond to the violence in different ways.

Posttraumatic Stress Disorder in Children of Battered Women

There are no posttraumatic stress disorder (PTSD) criteria specific to children in the DSM-IV (APA, 1994). Some researchers have tried to measure posttraumatic symptoms in children by extrapolating ratings from existing measures of child behavior (Graham-Bermann, Levendosky, 1998). For example, Wolfe et al. (1989) studied the traumatic

impact of sexual abuse on children using Achenbach and Eldenbrock's (1993) Child Behavior Checklist (CBCL). By these means, several investigators have now documented PTSD among one quarter to one half of child victims of physical abuse (Famularo, Fenton, Kinscherff, Ayoub, & Barnum, 1994; Famularo, Kinscherff, & Fenton, 1992; Kiser, Heston, Millsap, & Pruitt, 1991). The risk for PTSD increases when physical abuse is more severe and long-lasting (Kiser et al., 1991) and when it involves threats, coercion, or guilt on the part of the child victim (Wolfe et al., 1994).

All of the children in the studies performed by McCloskey et al. (1995) on children's responses to witnessing violence against their mothers showed many of the symptoms associated with posttraumatic stress syndrome, including sleep disorders, severe anxiety, phobic responses, and compulsive reenactment of the events in play. Furthermore, children who witnessed their mothers being beaten may have additional stress-related problems, such as allergies, poor general health, headaches, abdominal pains, asthma, ulcers, bedwetting, stuttering, fears, and excessive crying (Penfold, 1982).

The difficulties involved in diagnosing PTSD in children, as well as the need to develop sound measures of the disorder for children, pose basic challenges to both researchers and clinicians (Emery & Laumann-Billings, 1998). Current findings indicate that PTSD-like symptoms--common in children who have been chronically physically or sexually abused--are also found in child witnesses of domestic violence, who may also exhibit a number of other stress-related symptoms.

Link between Marital Violence and Child Abuse

Since violence affects other family members who are not victims or perpetrators, it is essential to conceptualize the causes and consequences of violence in terms of the entire family system (Emery, 1989). Spouse abuse and child abuse have traditionally been examined as separate issues. A growing body of research, however, suggests that spouse abuse and child abuse are clearly linked within families, with each being a fairly strong predictor of the other (McKay, 1994).

Predictors of Child Abuse

Within families, numerous factors have been identified that increase the risk for child abuse, including parental psychological characteristics, marital relationships, parental skill deficits, parent-child interactional factors, and family stress factors (e.g., low income, single-parent families, large family size, unemployment, and alcohol/drug abuse). Browne and Saqi (1988) compared the influence of numerous risk factors and found that the most important indicators of vulnerability toward maltreatment were a history of family violence and socioeconomic problems. Previous investigators found similar results. For example, marital violence (Rosenbaum & O'Leary, 1981; Straus, Gelles, & Steinmetz, 1980), alcohol/drug abuse (Famularo, Stone, Barnum, & Wharton, 1986; Martin & Walters, 1982), younger parents (Gil, 1970; Straus et al., 1980), low socioeconomic status (American Humane Association, 1985; Gil, 1971), stepparenthood (Burgess & Garbarino, 1983); parental unemployment (Gelles, 1974), and large family size (Rusell & Trainer, 1984; Straus et al., 1980) have also been found to increase the risk of child abuse.

Research on domestic violence reveals a range from 45% to 70% of battered women in shelters reporting the presence of some form of child abuse (McKay, 1994). There is now a substantial body of literature that has identified factors found to increase the probability that physical abuse of children will occur in battered women's families. For example, both mothers and fathers equally used abusive disciplinary strategies, indicating that families who use physically aggressive tactics to resolve spousal disputes also use similar tactics in disciplining their children (O'Keefe, 1995; Rosenbaum & O'Leary, 1981).

McCloskey, Figueredo, and Koss (1995) reported that the father's sexual abuse of the child often occurs in the absence of physical abuse, and that physical abuse is rarely accompanied by sexual abuse. Williams (1994) found that 9% of the men reported that their sole motivation for molesting their daughters was to retaliate against their wives. In some families where there is wife abuse, sexual abuse of daughters might be motivated by the men's intentions to harm or coerce their wives. Therefore, severe and frequent marital violence may be an important factor for identifying potential victims of child sexual abuse among maritally violent homes (O'Keefe, 1995).

Another risk factor associated with child abuse in maritally violent homes was low marital satisfaction. Previous studies have correlated marital dissatisfaction with negative interactions between parent and child (Bousha & Twentyma, 1984; Burgess & Conger, 1978; Kavanagh, Youngblade, Reid, & Fagot, 1988).

Abusive parents may have a greater propensity to abuse because they have experienced abuse in their own families of origin (Herrenkohl, Herrenkohl, & Toedter,

1983; Straus et al., 1980). It is possible that an important factor predicting child abuse in maritally violent families is a history of abuse in one or the other of the parents' families of origin.

Finally, at the community level, the presence of social isolation has been identified as one of the key causal factors in child abuse (Egeland & Brunnquell, 1979; Garbarino & Gilliam, 1980; Kotelchuch, 1982; Starr, 1988) as well as a key factor associated with wife abuse (Nielsen, Endo, & Ellington, 1992).

Marital Discord Associated With Child-Rearing Behaviors

Holden and Ritchie (1991) proposed that marital discord is associated with particular child-rearing behaviors that are considered to be detrimental to children's healthy development. First, marital discord may result in heightened maternal stress. As a consequence of the stress, mothers may become emotionally unavailable to their children (Dunn, 1988) or may exhibit "diminished mothering" (Walker, 1979). In one study comparing battered women with comparison women, it was found that life stressors in battered women predicted children's behavior problems (Wolfe, Jaffe, Wilson, & Zak, 1985).

A second suggested link between marital discord and parenting posits that negative marital interactions may "spill over" into child-rearing behaviors (Holden & Ritchie, 1991). Consequently, parents in discordant relationships may be less positive and more negative in disciplinary practices than nondiscordant parents. From the literature on child abuse and families with problem children, violent parents have lower rates of interaction, fewer positive interactions with their children and more frequent interactions tinged with

anger and punitiveness (Holden & Ritchie, 1991). The third suspected consequence of marital discord on parenting is an increase in inconsistent discipline. This inconsistency can result from two sources. Poor communication and disagreements about child rearing may lead to differences in disciplinary responses between the maritally discordant parents. In addition, conflictual marital relationships may result in different parenting practices within one parent due to diminished ability to be consistent (Holden & Ritchie, 1991).

Battered women are likely to suffer from both physical and emotional disorders and are likely to be exposed to other life stresses. Straus & Gilles (1990) found that women reported more symptoms of depression as a function of the level and intensity of spousal violence. Other studies (e.g.,Wolfe et al., 1985) have found that battered women report many more stressors than nonbattered women, which also might interfere with their parenting. A child may develop behavior problems due to the inconsistent, understimulating, or inappropriate attention that he or she receives from mother (McCloskey et al., 1995; Wolfe, 1985).

A handful of empirical studies in which families were sampled on the basis of a member's violent behavior support both theory and anecdotal evidence and suggest a positive association between the battering of women and aggression toward children (Jouriles & Norwood, 1995). Patterson (1982) described what he called a progression toward anarchy within such families: As "one family member increases his or her coerciveness beyond the normal range, then the other members become increasingly at risk for being hit . . . [and] as more dyads within the family become more coercive than

normal, the risk for physical assault increases commensurately" (p. 274) until, ultimately, all family members are aggressive with one another. Patterson's description is in keeping with the results of studies of violent families, which have documented positive associations between spousal violence and aggression toward children (Jouriles et al., 1987; Reid, Patterson, & Loeber, 1981). However, evidence is accumulating to suggest that not all children in violent families are equally at risk for victimization (Gelles & Lancaster, 1987; Justice & Justice, 1990). More complex relationships within violent families need to be considered if patterns of family violence are to be understood (Jouriles & Norwood, 1995).

It is likely that the dynamics and circumstances surrounding the abuse of children are different in homes in which spouse abuse occurs compared to those in which spouse abuse does not occur. For example, it is possible that when mothers use violence against their children, they may do so under different circumstances and for different reasons, such as to control their children so that fathers do not become upset or angry (O'Keefe, 1995). When persons have few resources they are more likely to resort to violence and to choose a "safe" target, someone with less power than they have (Giles-Sims, 1985). One implication of this theoretical argument is that the battered wife may direct her aggression towards her children in violent ways when she is frustrated.

Battered Women's Perception of Their Children

How do mothers who are also victims of domestic violence perceive their children's behavior and emotional adjustment? Gleason (1995) found that the battered mothers of sampled children perceive many problem behaviors in their children, seeing them more

negatively than is the case with parents of children in a comparison normative group. These battered mothers see more conduct and learning problems and less socialized behavior in their children, describing them as hyperactive and having defective concentration. These mothers also perceive their children as developing internalized psychological problems, such as anxiety and psychosomatic complaints.

In Gleason's (1995) study, the mothers' and children's reports about violence and symptoms were significantly correlated, indicating that there is a shared perception of family events. This finding also indicates that the mothers, although having troubles of their own, are able to perceive accurately at least some of the symptoms in their children. Although women's symptoms of psychopathology increased as a function of domestic violence, mothers' mental health did not typically mediate their effects of violence onto their children (McCloskey et al., 1995).

Holden and Ritchie (1991) found that the battered women's reports of feeling highly stressed as parents and the amount of stress they experienced proved to be the most powerful predictors of their reports of their children's behavior problems. With regard to mother-child interaction, battered women attended less and experienced more conflicts with their children than the comparison mother-child dyads. These results indicate that there are effects on the quality of the mother-child relationship associated with being in a violent marital relationship. Holden and Ritchie also found that the children of battered women were being affected negatively in general, the abused mothers reporting that their children exhibited more behavior problems, had more difficult temper tantrums, and were more physically aggressive than the comparison children. Their results replicate the

finding of Christopoulos et al. (1987) who found that children of battered women have more internalizing problems.

Some of the behavioral effects of being reared in a maritally violent home appear to be similar to the effects of being a victim of physical abuse. Specifically, battered women reported that their children were more physically aggressive toward them than the comparison mothers reported, a common finding in the child abuse literature (Emery, 1989; Wolfe, 1985).

Assessment

As a first step toward intervention, assessment of domestic violence is a crucial task. Thorough and accurate assessments of families at risk, made in a timely manner, are fundamental goals in the treatment of this problem. In this section, specific tools and methods of the assessment of domestic violence and its impact on children will be discussed, along with other more general assessment issues.

Assessment Procedure

It is difficult to assess a mother's true ability to care for her children while she is being battered or experiencing traumatic stress from the abuse. Therefore, offering shelter services to a mother and her children should be considered first unless the children are in imminent danger from the mother (McKay, 1994). Once the mother and children have been removed from the abusive setting, specific assessment tools and measures can be employed. McKay also suggested that prolonging the assessment process would allow the worker to grasp a better understanding of a mother's capacities. An accurate and

supportive assessment procedure will include measures and methods that have been identified as effective tools.

Assessment measures. The assessment procedure with children of battered women should include a measure of the types of violence witnessed by the children, such as the Conflict Tactics Scale (McKay, 1994), and a separate child and parental interview about the types of victimization the children may have experienced. A general assessment of children's behavioral problems should also be conducted as part of the screening process. The Child Behavior Checklist (Achenback & Edelbrock, 1981) is one of the most widely used checklists that can be completed by parents and/or teachers. It provides the clinician with a profile of children's problem behaviors and social competencies (Rosenberg, 1987).

The assessment of children's social problem-solving abilities can be accomplished through a variety of different materials, such as videotaped scenarios, paper-and-pencil measures (e.g., sequenced pictures of conflict situations), staged conflict situations in the laboratory, behavioral role-play tests, or free-play observations in natural settings. After presentation of the stimuli, children are asked to respond to a series of questions that assess their abilities to resolve interpersonal problems (Rosenberg, 1987).

Assessment methods. Given the seemingly strong link between spouse abuse and child abuse, interviewing each parent separately may be indicated. The following indicators of the mother having been a victim of domestic violence can help child protective workers assess whether separate interviews are needed: (a) The mother offers inconsistent explanations for observed injuries and has delayed in seeking medical

treatment for herself; (b) The mother has a history of repeated emergency room visits at different hospitals; (c) The mother admits having thoughts of suicide; (d) The mother reports psychosomatic and emotional complaints, (e.g., chest pain, choking sensation, hyperventilation, or sleep or eating disorders); (e) The mother is observed to be anxious and fearful in the presence of her partner; and (f) The mother offers apologies or explanations for her partner's behavior (McKay, 1994).

In addition to observing the standard indicators of abuse or trauma in children, child protective workers should also consider the following as indicators that children have witnessed domestic violence: (a) The child is overprotective, afraid to leave his or her mother alone; (b) The child is abusive toward the mother (DePanfilis and Brooks, 1989).

When screening for men who batter their spouses, child protective workers should consider separate interviews with the parents if the following behavioral indicators are present: (a) The father constantly speaks for the mother during an interview and strongly resists having her interviewed separately; (b) The father describes his partner as "clumsy," "crazy," "stupid," or with other such derogatory terms; (c) The father is overly solicitous and condescending to the mother; (d) The father admits to the existence of violence but minimizes its frequency and severity. When confronted with the abusive behavior, he blames his partner for provoking it and refuses to accept responsibility for it; (e) The father holds rigidly to traditional sex roles, expecting or demanding that the mother serve him (DePanfilis & Brooks, 1989).

Stith, Williams, & Rosen (1990) indicated that "even with the specific questions routinely targeted to reveal abuse at intake, the revelation is usually: (a) made in the

absence of the male spouse, or (b) made in a phone call when the female partner wishes to convey a 'secret' to the therapist that she thinks relevant but doesn't want talked about" (p. 48). Unless the child protective worker understands that a battered woman is often more afraid of her abusive partner than of any other consequence, including the ramification of taking responsibility for abusing the children out of fear rather than reality, accurate information regarding level of risk in a family cannot be obtained (DePanfilis & Brooks, 1989).

In assessing whether the children should be removed from the home, the dynamics of domestic violence must be considered. The removal of the children only confirms to the mother that she is responsible for both her maltreatment and the abuse of her children. She often adopts the view that the presence of child abuse is a failure in mothering or a failure in protecting her children. Although child protective service is grounded on the premise of family maintenance, it would be necessary to reassess what constitutes a safe family if the presence of a batterer in the home poses a continual threat to the children and mother. It means that, in many cases, removing the batterer not the children from the home may be the more appropriate intervention (DePanfilis & Brooks, 1989).

McKay (1994) maintained that it is the responsibility of child welfare workers to know community resources and legal remedies for the battered woman in order to ensure that she and her children remain safe. Most importantly, child protective workers should make sure that responsibility for the violence is placed with the batterer. Sanctions, such as mandated court appearances, counseling, and restricted visiting, must be imposed. Without such restraints, the mother all too often is labeled a poor parent and becomes the

sole focus of intervention. According to McKay (1994), mandating the battered mother's attendance at parenting skills groups or counseling reinforces the notion that she is to blame for the violence in the family and that her partner bears no responsibility.

Additional Assessment Issues

Using mothers as informants avoids the ethical and practical difficulties of interviewing children who are too young to report their experiences or unable to recall violence witnessed in early childhood (Hilton, 1992). However, some mothers are not willing to admit to the abuse of their children during the interview. Some women fear that if the abuse is discovered, their children will be automatically taken away by the authorities regardless of who really did the abusing. Other women may themselves be the child abusers and fear reprisals. Some women may be uncertain about returning home to their husbands. Their reluctance to report child abuse becomes a way of protecting the male abuser; otherwise, they face the prospect of turning the man in and burning the bridges back to their marriages forever. Still other women are ashamed. They believe that acknowledging the child abuse reveals their failure to care for their children, so they say nothing (Stacy & Shupe, 1983, as cited in McKay, 1994, p. 32).

To complicate matters further, when agencies assisting victims of domestic violence intervene, mistrust and confusion can be developed between domestic violence agencies and child protective services. Advocates for battered women might view child welfare workers as lacking understanding of a woman's response to domestic violence and view them as too quick to remove children. Domestic violence programs, on the other hand,

might be accused of blocking investigations of child abuse and neglect and as a result, further endangering children (McKay, 1994).

Edleson (1998) addressed changes to enhance safety for children and mothers. The first suggested change was a national effort to revise management information systems in child welfare and the courts so that abusive males could be more easily identified and tracked. Such a change would also include strategies to remove gender-biases that leave nonabusive mothers as the only adult in the records. The second change suggested by Edleson involved the cooperation of child protection, the courts, and domestic violence agencies to intervene with abusive males. These efforts should include service plans that hold abusive males accountable, not just plans for abused mothers. Finally, according to Edleson, new strategies are required that support battered women in child protection caseloads to achieve safety for themselves and their children.

Edleson (1998) observed that current systems for providing safety to child and adult victims of family violence are fragmented and often work at cross-purposes. Systems that hold the violent person accountable and do not place unfair burdens on victims are needed. Such a change is being spearheaded by the innovative responses of several state and county child protection agencies working collaboratively with domestic violence programs and the courts (Edleson, 1998).

Finally, the concern regarding removal of the children appears to be empirically supported by Stark and Flitcraft (1988), who found that the children of battered women were more likely to be placed in out-of-home care than were children of nonbattered women (McKay, 1994). For practitioners to work effectively with a battered woman, her

fears and confusion must be recognized and validated. Her shame about not being able to protect herself or her children must be met with support by the worker.

Intervention

Reports in the literature regarding the patterns of intervention in family violence indicate a two-tiered approach. The first involves arresting and prosecuting family members for violent acts when the physical aggression is of sufficient severity to warrant intervention (Kashani et al., 1992). The second approach involves treating the abusers with the aid of mental health systems to build adaptive coping skills (Kashani et al., 1992).

Some interventions show promise, but the need for early intervention and especially prevention is underscored by the difficulty of changing entrenched family violence patterns and the stressful life circumstances that promote abuse (Garbarino & Kostelny, 1992; Pelton, 1992). Home-visitor programs for new parents living in difficult circumstances are one especially promising form of prevention. Home-visitor programs simultaneously assist with material needs, psychological needs, and educational needs and may improve general family well-being as well as reduce child maltreatment (MacMillan, MacMillan, Offord, Griffith, & MacMillan, 1994).

An outstanding example of such a program is the Prenatal and Infancy Home Visitors' Program, which targeted low-income, teen, and single-parent mothers who were pregnant with their first child. On the basis of evaluations conducted during the program (Olds, Henderson, Chamberlin, & Tatelbaum, 1986; Olds, Henderson, Tatelbaum, &

Chamberlin, 1986), and also one to two years after termination (Olds, Henderson, & Kitzman, 1994; Olds, Henderson, Kitzman, & Cole, 1995), home-visited mothers had fewer and less serious Child Protective Services (CPS) reports, spent fewer months on welfare, had fewer arrests, and were less likely to abuse substances in comparison to control families. Because of such benefits, in 1992 the National Committee to Prevent Child Abuse and Neglect (NCPCA) launched a national initiative of home-visitor programs, called "Healthy Families America," in over 240 communities. Supportive interventions such as these programs may be more effective in alleviating maltreatment and in preventing family violence than the singular use of investigation, which has come to dominate social service agencies (Emery & Laumann-Billings, 1998).

There is growing collaboration between programs for battered women and CPS. This work is occurring more frequently in both formal and informal ways (Edleson, 1998). Collaboration has long occurred on a less formal, worker-by-worker level. Beeman, Hagemeister, and Edleson (1997) found that the interviews with advocates of battered women and child protection workers have revealed extensive informal collaboration between like-minded advocates and workers. Large-scale efforts, such as in the Massachusetts Department of Social Services and Michigan's Families First, the state family preservation program, show the promise of structured collaborations (Edleson, 1998).

Intervention Strategies

In working with children of battered women, clinicians need to address the choice of the intervention strategy, the levels of analysis for intervention, and the primary therapist.

Intervention procedures for children with social skills deficits usually fall into three main categories: (a) individual and group reinforcement contingencies, including the use of social reinforcement and token economies, (b) modeling procedures, such as exposure to videotapes of socially appropriate models, and (c) skills training, which involves the combined use of instruction, modeling, behavioral role-play, and feedback (Rosenberg, 1987).

One strategy to use with children who have witnessed their parents' violence is to teach them problem-solving skills to use when they encounter interpersonal conflict. For example, Weissberg et al. (1981) developed a problem-solving classroom curriculum that included role playing, videotape modeling, class discussion, and self-instructional exercises to teach the following problem-solving steps: information on identifying problems and feelings, generating alternative solutions, anticipating consequences, and integration of problem-resolution strategies (Rosenberg, 1987). Additionally, it is desirable to teach parents basic problem-solving ideas and help them dialogue with their children as a way of teaching and reinforcing problem-solving skills.

It is critical that clinicians pay close attention to children's developmental needs when implementing problem-solving programs. For example, young children would need problem-solving information collapsed into fewer steps and a combined social contingency, modeling, and instructional procedure. The use of puppets to demonstrate conflict situations and problem resolution is a medium through which elementary school-aged children can learn problem-solving information, particularly if demonstrations are

followed up with discussion and behavioral rehearsal of newly acquired skills (Rosenberg, 1987).

Clinicians need to be aware of several issues that are unique in teaching social problem-solving skills to children of battered women. First, these children may have a difficult time identifying their feelings aroused by interpersonal conflict, including the more subtle feelings of fear and threat. Boys may need extra support to attain this goal. Male batterers who have witnessed their fathers' violence against their mothers report difficulty being able to identify discrete emotions, particularly low-grade feelings of anger (Rosenberg, 1987). Second, clinicians should attend to the effects of negative affect (e.g., anger) on child witnesses' problem-solving skills. Anger is an important variable for helping children confront and master those situations effectively. Third, because children of battered women have difficulty generating effective problem solutions when confronted with obstacles, clinicians need to pay close attention to the development of this skill. Finally, clinicians need to be sensitive to children's ambivalent feelings about their own behavior during battering incidents. Children who leave the situation may feel guilty and powerless for failing to protect their victimized mother, and consequently, may be resistant to using this particular strategy in the future. Children who ask for others' support (e.g., neighbors, police) during battering incidents may incur their parents' wrath in the short-term, particularly if the support was ineffective in stopping the violence (Rosenberg, 1987).

Protection Planning

It is clear that children of battered women also have a high likelihood of becoming victims of violence. Some of these children become victims when attempting to stop the violence or protect their mothers. Others become direct targets of parental anger and frustration or are used by their fathers to create indirect threats of violence aimed at their mothers (Grusznski, Brink, & Edleson, 1988). Even when children have not been hit, they may often experience great fear, anger, and helplessness. These feelings are intensified by the anxiety created by knowing that they may be the next target (Grusznski et al., 1988). Garmezy (1983) has suggested that two forms of social support benefit children at risk. These forms of support include positive relationships within the family, especially with one or both of the parents, and support networks outside of the family. It is also possible that a close relationship to the mother might be a protective factor for the child, where both the mother and child form a mutual alliance against a threatening and coercive father (McCloskey et al., 1995). For example, a mother's consistent ability to support the acquisition of values and socially appropriate behavior for the child, or a sibling's fierce loyalty of protectiveness during times of stress, all might serve to shield children, especially from character disorders or delinquency, if not from more immediate responses of anxiety and depression (McCloskey et al., 1995).

Another means of social support is the provision of immediate, crisis-oriented assistance as well as long-term, educational goals. Crisis management may include keeping the child in the same school, having one or both parents maintain an individual relationship with the child, explaining to the child the nature and responsibility of the

violence, and employing trained child-care staff at shelters to assist the child and the parent. Preventing long-term adjustment problems in these children requires additional resources, for example, family assistance in developing or maintaining critical social supports for the child, assistance for both parents in managing family crises and avoiding physical violence, and opportunities for the child to learn appropriate social problem-solving strategies (Wolfe, 1985).

Shelter Programs

Shelter programs provide help for women in establishing a means of financial support, prohibiting corporal punishment during the woman's stay, and encouraging women to change their thinking about violence in general. Some shelter programs include formal training sessions in parenting skills, and others emphasize informal discussions and role modeling in the process of teaching that violence against family members is not acceptable (Hughes, 1982). These attempts to delegitimize violence of any kind may subsequently benefit the children by reducing the overall extent of violence between family members, thus breaking the intergenerational link in patterns of family violence. Of course, the average stay at a battered women's shelter is less than 2 weeks, and during this time most women are in a state of crisis. Nevertheless, the potential exists for significant change in established patterns of violence (Giles-Sims, 1985)

It is also possible that when a woman returns to the man, that man's rate of abuse to the children might decrease. First, this might be due to an overall reduction in conflict. In addition, the option for the woman to leave again held open by the presence of the shelter may act as a deterrent to the use of violence. In other words, if the woman can leave, this

alternative opportunity may equalize the power distribution between the man and woman somewhat and theoretically lead to less violence toward women and children (Giles-Sims, 1985).

Treatment Issues

There are difficulties in developing appropriate programs for the child of the abused mother. Although children exposed to violence between parents seem to be at risk for future behavior problems and require the help of mental health professionals, it may be premature to develop treatment programs before causative factors are identified and outcome research on model programs has been completed. This difficulty in understanding the impact of witnessing family violence on a child's development warrants prospective studies in the hopes of preventing future generations of violent husbands and battered wives (Kashani et al., 1992).

The existing literature suggests that both short-and long-term harm are experienced by children who witness assault against their mothers, and this harm may be reduced with treatment. Yet most of these children can only receive treatment when their mothers resort to battered women's shelters (Jaffe et al., 1986). For many battered women, concern for their children figures heavily in their decision to remain with abusive partners despite the results of abuse on their children. Without the ability to support themselves and their children financially, women realistically fear that they will become homeless or left without food (McKay, 1994). Battered women express concern about disrupting their children's schooling and friendships, as all mothers do when they consider separation.

They are also confused when their children sometimes show an intense loyalty to their fathers (McKay, 1994).

Although a multidisciplinary, coordinated approach to diagnosis, treatment, and management of child victims is advocated by most people, its feasibility in the treatment process has been considered at times inefficient and therefore questionable (Kashani et al., 1992). Practice experience indicates that the abuse of the children is frequently what precipitates a request for shelter or an order of protection. The abuse of children, however, does not assure admittance to a shelter. In fact, if the woman has too many children, or boys over the age of 12, it may mean that she will not be accepted into any shelter (McKay, 1994).

Even more disturbing for Edleson (1998) is the absence of concern for, and intervention with, the abuser who is creating this dangerous environment. Why not ask about the abuser's willingness and capacity to initiate change and eliminate the danger he has created? The burden of removing the dangerous abuser from the lives of children should not be unfairly placed on the shoulders of other adult victims of his violence, such as the mother. If child protection systems and the juvenile courts are truly concerned over safety in families, why are they usually ignoring the very person who is creating the unsafe environment? (Edleson, 1998, p. 295-296).

Edleson (1998) pointed out that the male abuser is almost always missing or invisible. It is true that the legislated goal of child protection is child safety, but how this safety is achieved if the child's primary caregiver herself is unsafe has always been an inherent problem. It is also puzzling how the mother's safety can be assured if the person

perpetrating violence against her and/or her children is so often left untouched by outside interventions (Edleson, 1998). The invisibility of the male abuser within child protection systems is evident in a variety of ways. One way is his invisibility in case labeling and tracking. If the man does not have a biological or other legal relationship to the child, he is unlikely to even appear in many case records (Edleson, 1998). On the other hand, battered women under whose names cases are often listed, almost always become the focus of efforts to make children safe. This situation sets a foundation for what Susan Shechter (Schechter with Mihaly, 1992) has called gender-bias in the system, one in which women are held to different standards than men.

Those who work with victims of domestic violence are seriously concerned about another treatment issue as well: the frequently made recommendation that the couple obtain marital therapy or family therapy when child abuse is found. With her partner present, the battered woman might fear being honest about her experiences (McKay, 1994). A growing number of feminist family therapists have begun to develop new ways to incorporate some portions of systems theory into more applicable assessment and conjoint treatment models that take into account safety, gender, and power when child abuse and domestic violence are present in the same family (Bennett & Tolman, 1992; McGoldrick, Anderson, & Walsh, 1989; Goodrich, Rampage, Elman, & Halstead, 1988; Walters, Carter, Papp, & Silverstein, 1988).

Numerous children could be helped sooner, if schools and children's services cooperated to identify child witnesses and provide suitable intervention. These services may liaise with other agencies to protect the assaulted woman still living with her partner.

In addition, public education campaigns emphasizing the effects on child witnesses may be advisable to help define the relationship as abusive, to verify battered women's existing concerns about their children, and to provide resource information for those who want help. They could also emphasize the importance of the emotional risks to children, so then women might seek help before their children are in physical danger (Hilton, 1992).

Review of Treatment Studies

A review of treatment studies concerning the impact of domestic violence on child witnesses highlights the need to continue to improve research methodologies if future studies are to clarify current data, which are sometimes conflicting.

Methodological Issues

Two methodological issues that have received attention from researchers in the field of domestic violence are the accuracy of data sources and the experimental rigor of research designs.

Sources of data. Various methodologies have been used to explore the consequences to children of violence in the family. The most common method is to interview the battered woman about maladaptation and distress in her children and complete the Child Behavior Checklist (CBCL). However, some researchers reported that the CBCL and the Perceived Competence Scales (PCS) did not provide strong support for construct validity in their studies, although CBCL and PCS are among the most carefully constructed and widely used measures of children's psychological adjustment (Christopoulos et al., 1987).

It also should be noted that all shelter samples are the result of both mothers and children being evaluated at a crisis point, in most cases within several days of leaving the abusive partner. Thus, follow-up data should provide important information on stability and change within these families, as well as hold implications for cross-sectional research on the topic (Emery, Fincham, & Cummings, 1992).

Most prior research on how children have responded to interparental conflict has relied on maternal reports, but Emery and O'Leary (1984) discovered that children's reports of conflict before an impending divorce predicted their psychological symptoms. Children's perceptions of interparental conflict correlated significantly with their symptoms of psychopathology as reported by adults. Children's reports of conflict actually correlated with more child adjustment measures than did the parents' reports of conflict. Therefore, it is possible that parents underestimate children's sensitivity to conflict, perhaps defensively, since exposing the child to conflict could be seen as inconsistent with "good" parenting (McCloskey et al., 1995).

It should be noted that because a study relies on self-reports, it is highly possible that a response bias exists within the reports of violence and child psychopathology. Mothers, for instance, might overreport both husbands' abuse and the children's mental health problems. They might, on the other hand, underreport their own mental health symptoms as a function of domestic violence. Children, conversely, might underreport in both domains because of problems understanding the questions or, more likely, because of the habits of silence and prevarication in their families.

Experimental rigor. Early clinical studies of child witnesses to spousal violence tended to catalogue the behavioral and emotional consequences of living in a violent home. For example, characteristic problems included enuresis, stealing, temper tantrums, truancy, violence toward others, anxiety, and the presence of fears and phobias. Although these findings seem reasonable, many methodological problems plague these early reports, including the lack of standardized measures, absence of appropriate comparison groups, and the confounding of physical victimization with witnessing violence (Rosenberg, 1987).

The methodological issues are of particular concern because recent empirical work on the topic is much more equivocal about the magnitude and extent of difficulties found among this group of children. For example, the selective nature of the samples studied, the absence of appropriate comparison groups, the failure to use standardized measures, and the potential for expectancy bias have limited the conclusions that can be reached (Christopoulos et al, 1987).

The empirical reports contrast with the clinical information in failing to document that the children of abused women are experiencing severe difficulties. However, this conclusion must be viewed tentatively, given the small number of studies that have been conducted to date. Moreover, existing research raises additional questions. Some researchers have found more notable problems among girls (Rosenbaum & O'Leary, 1981; Rosenberg, 1984), whereas others find boys to be more disturbed (Wolfe et al. 1985).

Directions for Future Research

Research on the effects of exposure to wife battering on children is faced with a number of challenging objectives. Improved measurement of the intensity and duration of family violence is necessary in order to determine the direct influences of such events. Equally important is the measurement of the child's adjustment. It is also possible that an important factor predicting child abuse in maritally violent families is a history of abuse in one or the other parent's family of origin. This factor should be included in future family violence research. Additionally, More longitudinal studies on the children's symptoms and adjustment over time, and their adjustment to their own marriages are needed to understand the experiences of children from maritally violent homes. Furthermore, systematic investigation is needed to better understand how race interacts with family violence and its impact on children's emotional and behavioral functioning (O'Keefe, 1994). Finally, critical mediators of adjustment, such as social supports, child personality variables, and life experiences will have to be explored in future studies to add to the current findings (Wolfe, 1985).

Summary and Conclusions

The American family has been described as the most violent of institutions (McKay, 1994). Domestic violence has been described as occurring in up to 16% of all marriages every year and in 50% to 60% of all marriages over their course (McKay, 1994). It has been estimated that 1.6 million wives are severely assaulted each year. The statistics on

the incidence of child abuse are equally alarming. It is estimated that, in 1988, 16.3 children per 1,000 were physically abused or neglected (McKay 1994).

Although some abuse is perpetrated by strangers, 85% of child abuse is inflicted by a person the child knows, usually the father or the mother. Children of all ages and demographic status are victims of physical, psychological, and sexual abuse in their own homes, committed by parents, step-parents, grandparents, and other family members (Kashani et al., 1992). Even given the most conservative definition, violence within the family is disturbingly common. Young children and women are especially vulnerable to severe or fatal injury at the hands of a family member. Homicide is one of the five leading causes of death for children under 12 years of age (Federal Bureau of Investigation, 1994).

An abundance of literature exists describing the psychopathology common among abused children. These outcomes of abuse are diverse and include increased anxieties (Barnet, Pittman, Ragan, & Salus, 1980; Christopoulos et al., 1987; Levine, 1975), poor school performance and conduct disorders (Carlson, 1984; Christopoulos et al., 1987; Jaffe, Wolfe, Wilson, & Zak, 1986, Wolfe, Jaffe, Wilson, & Zak, 1985), lower self-esteem (Hughes & Barad, 1983), impaired social problem-solving skills (Rosenberg, 1987), and sleep disorders and somatic complaints (Levine, 1975). Symptoms of posttraumatic stress disorder are also common. Abused children may also become emotionally constricted and inhibited, and their behavior may regress.

When there is extreme marital discord, aggression by either parent toward the child often follows, and elevated, undifferentiated symptoms of psychopathology are likely to

result. Wife abuse sets the stage for paternal child abuse, with children caught in the crossfire of marital combat. They are used for purposes of retaliation and control in adult relationships. It seems likely that, without ending violence between sexual partners, children will continue to be victims of systemic family aggression (McCloskey et al., 1995). What becomes more difficult for some helping professionals to accept is the battered woman who becomes physically or emotionally abusive or neglectful of her children (McKay, 1994). Those who work with battered women offer several explanations. Battered women often give their abusers full-time attention in a futile effort to control the level of violence, or they respond by withdrawing from the family--including the children--in an effort to protect themselves. In either scenario, the care of the children is seriously affected (McKay, 1994).

Although there are substantial amounts of data indicating that physical abuse of children has a deleterious impact on their psychosocial adjustment (Widom, 1989), the combined effect of both experiencing abuse and witnessing spousal violence may produce even poorer adjustment in children than either alone (O'Keefe, 1995). Evidence on more specific psychological outcomes may be clouded by the need to consider (a) risk factors correlated with family violence; (b) clusters of symptoms (e.g., disorders like posttraumatic stress disorder [PTSD]) in addition to specific symptoms; (c) subtle psychological consequences that are difficult to document empirically, particularly among children; and (d) psychological processes (not just psychological outcomes) set into motion or disrupted by the experience of family violence (Emery & Laumann-Billings, 1998). Research comparing abused and nonabused children may actually reflect the

psychological effects of anxious attachments, social isolation, or general family stress rather than the consequences of violence per se (Cicchetti & Toth, 1995).

Witnessing threats to one's mother and receiving threats to one's own physical safety extracts a serious toll on emotional stability, as studies of posttraumatic stress and children traumatized through a wide range of hazards have shown. The dread of violence might disrupt psychosocial development more than the event itself; the way children cope with this persistent fear might lead to locked-in patterns of coping in their adult lives (McCloskey et al., 1995).

Although improvements in methodology are apparent in much of the recent research, there are conflicting findings over the nature of behavioral problems experienced by child witnesses of domestic violence. Overall, it seems safe to conclude that a significant number of girls and boys of battered women experience internalizing and/or externalizing behavioral difficulties relative to comparison group children (Christopoulos et al., 1987; Rosenberg, 1987). Children of battered women are confronted with a variety of different stressors that include the trauma of witnessing their fathers' recurrent violence against their mothers. Clinicians and researchers should note the possibility of additional traumatizing influences on children, including physical and sexual maltreatment, and potentially harmful parental behaviors that could be classified under the term psychological maltreatment (Rosenberg, 1987). In addition, they are at risk for developing delinquent behavior and problems in relationships with others (Jaffe, Wolfe, & Wilson, 1990; Koss et al., 1995; McClokey, Figueredo, & Koss, 1995; Sternberg et al., 1993), for instigating violence as adults (Hotaling & Sugarman, 1986), and for encountering more

difficulties in school than children raised in nonviolent families (Jaffe, Wolfe, & Wilson, 1990).

Several researchers reported that gender impacts the types of behavior problems exhibited by children from maritally violent homes, with boys demonstrating more externalizing behavior problems and girls demonstrating more internalizing behavior problems (Jaffe et al., 1986; Wolfe et al., 1986). Girls tend to be passive, withdrawn, anxious, and clinging, whereas boys tend to be aggressive and easily frustrated (Penfold, 1982). The children, especially boys, can learn to use violence as a way to solve problems. They can be aggressive toward their peers and sometimes toward their parents, particularly their mothers. They identify with the battering male and develop a pervasive disrespect for women (Penfold, 1982). Variables such as ethnicity and socioeconomic factors have not yet been adequately evaluated.

Both domestic violence agencies and the child welfare system must recognize the link between spouse abuse and child abuse. Given that the field of domestic violence and child welfare have developed as separate entities, it is only recently that the link between the two has been discovered. Until recently, therefore, neither field has recognized that a substantial portion of the caseloads/families present both domestic violence and child abuse. The responsibility is on both agencies assisting victims of domestic violence and those providing child welfare services to develop more effective screening mechanisms for each of these problems. Intervention strategies must take into account the safety of both women and children. Treatment plans should also focus more on protection, advocacy, and provision of services, such as shelter/legal remedies that will make it more

likely that children and their mothers will be free from violence. Above all else, the child's safety must be the highest priority. Developing a protection plan, understanding its uses, and being able to apply it appropriately are all essential components for a child's safety (Grusznski et al., 1988).

A number of supportive interventions have been developed in an attempt to reduce violent behavior within families, including individual and group therapies for both victims and perpetrators, couples therapy for victims of domestic violence, parent-training and family therapy, and home-visiting programs for the prevention of child abuse. In general, the more serious and chronic the nature of the abuse, the less success these programs have in changing behaviors (Barth, 1991; Cohn & Daro, 1987; National Research Council, 1993; O'Leary, Neidig, & Heyman, 1995). With problems of mild to moderate abuse, however, multilevel programs, which combine behavioral methods, stress management, and relationship skills, lower trends in families and may reduce the likelihood of continued aggression in both child and spouse abuse cases (Lutzker & Rice, 1987; Murphy, 1994; NRC, 1993)

A larger network of interventions in the problem of battering should include, at a minimum, shelters, social support, education, and advocacy for battered women and their children, treatment for men who batter, and intervention with community institutions such as the police and courts. Only after the elimination of men's violence and a comprehensive change in social and institutional response to battering will children of battered women be safe from this form of violence (Grusznski et al., 1988).

Breiner (1992) emphasized that understanding the social and institutional roots of domestic violence is the prerequisite to ameliorating this destructive set of problems. Generations of active intervention and major changes in the structure of society will be required to accomplish beneficial change. Short term plans and expenditures can be relatively useless and wasteful of resources and also will tend to lead people to believe nothing can or should be done. Much can be accomplished if sufficient attention is devoted to the origin of the family, namely, the mother-to-be. As Breiner (1992) puts it, the mother-to-be is every newborn girl, and she is the most important person in the world.

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